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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required)	Attorney Docket Number	012930-000028
	First Named Inventor	Laurence Mark Von Itzstein
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
	Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL SULFENAMIDES**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/AU2004/001115	WO	08/20/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2003904500	AU	08/21/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2003904501	AU	08/21/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2003904509	AU	08/21/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**DECLARATION – Utility or Design Patent Application**

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	<b>24,239</b>	OR	<input type="checkbox"/> Correspondence address below
Name <b>Moore &amp; Van Allen</b>				
Address				
City		State		ZIP
Country		Telephone		Fax
<b>US</b>		<b>919-286-8000</b>		<b>919-286-8199</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name Or Surname		
<b>Laurence Mark</b>		<b>Von Itzstein</b>		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
<b>Palm Beach</b>	<b>Queensland</b>	<b>Australia</b>	<b>Australian</b>	
Mailing Address				
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City	State	ZIP	Country	
<b>Palm Beach</b>	<b>Queensland</b>	<b>4221</b>	<b>Australia</b>	
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name Or Surname		
<b>Christopher Bonner</b>		<b>Davis</b>		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
<b>Tallebudgera Valley</b>	<b>Queensland</b>	<b>Australia</b>	<b>Australian</b>	
Mailing Address				
<b>15 Glider Court</b>				
City	State	ZIP	Country	
<b>Tallebudgera Valley</b>	<b>Queensland</b>	<b>4228</b>	<b>Australia</b>	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <<TEXT>> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robin Joy		Thomson	
Inventor's Signature			Date
Chevron Island Residence: City	Queensland State	Australia Country	Australian Citizenship
Mailing Address 9/4 Perneno Street			
City Chevron Island	State Queensland	ZIP 4217	Country Australia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Regan David		Hartnell	
Inventor's Signature			Date
Ashmore Residence: City	Queensland State	Australia Country	Australian Citizenship
Mailing Address 43 Sweetgum Street			
City Ashmore	State Queensland	ZIP 4214	Country Australia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Paul David Orr		Madge	
Inventor's Signature			Date
Broadbeach Residence: City	Queensland State	Australia Country	Australian Citizenship
Mailing Address 1001/19 Albert Avenue			
City Broadbeach	State Queensland	ZIP 4218	Country Australia

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